



# CG-AEL APPLICATION FOR EXEMPTION LETTER FOR NON-LICENSED EVENT

State Form 51413 (R3 / 09-06)

INDIANA GAMING COMMISSION

**INSTRUCTIONS:** You must file this application at least four (4) weeks before your scheduled event. Please attach documents.

Please print or type the following:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Daytime Telephone Number: (    ) \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person's Telephone Number: (    ) \_\_\_\_\_

Apply for:

- Only one event per day
- Only one event (day) per application
- Do not exceed two consecutive days of events

Type of Non-Licensed Event:

(Check only one box)

☐ Bingo

☐ Charity Game Night

☐ Door Prize

☐ Raffle

Date of Event

Taxpayer Identification Number (TID)

Address of Non-Licensed Event

City

State

Zip Code

**IN**

**Attach a lease or notarized donation statement if your organization does not own the property on which the event will be held.**

Total value of *all* prizes to be awarded (including prizes from sales of pull-tabs, punchboards and tip boards) at non-licensed event listed above:

\$ \_\_\_\_\_

Total value of *all* prizes awarded (including prizes from sales of pull-tabs, punchboards and tip boards) at all previously held non-licensed events (within same calendar

year): \$ \_\_\_\_\_

**Does your organization own \_\_\_\_\_, lease \_\_\_\_\_, or use donated \_\_\_\_\_ gaming equipment. If leased or donated, attach a copy of the agreement, not to exceed \$50.00, or notarized donation statement.**

Enter the name(s) of Operator(s) for this non-licensed event. Detailed information for each Operator **must** be completed on the back:

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

3. Name: \_\_\_\_\_ 4. Name: \_\_\_\_\_

- A validated copy of this Application for Exemption Letter must be displayed at the non-licensed event.
- Please refer to the Indiana Gaming Commission Charity Gaming Publication 2 regarding prize limitations, etc.

\_\_\_\_\_  
**Officer's Signature**

\_\_\_\_\_  
**Officer's Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Officer's Signature**

\_\_\_\_\_  
**Officer's Printed Name**

\_\_\_\_\_  
**Date**

## For Commission Use Only

This application is not valid unless signed and stamped by the Commission.

\_\_\_\_\_  
\_\_\_\_\_

## Operator Information

**You must complete this information for each Operator listed on the front of this form.**

1. Operator Name	2. Operator Name
Home Address	Home Address
City, State, Zip Code	City, State, Zip Code
Telephone # (       )	Telephone # (       )
Date of Birth	Date of Birth
Driver's License or State I.D. #	Driver's License or State I.D. #
Years of Membership	Years of Membership
3. Operator Name	4. Operator Name
Home Address	Home Address
City, State, Zip Code	City, State, Zip Code
Telephone # (       )	Telephone # (       )
Date of Birth	Date of Birth
Driver's License or State I.D. #	Driver's License or State I.D. #
Years of Membership	Years of Membership

**Note: If your organization is using purchased, leased or donated bingo equipment or punchboards, pull tabs, or tip boards, they must be purchased from a licensed distributor.**

Distributor Name	
Address	
License Number	Items Purchased

For a list of licensed distributors, contact the Commission at (317) 232-4646.

Send completed form to:

Indiana Gaming Commission Charity Gaming Division 115 W. Washington St., Suite 950 Indianapolis, IN 46204
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